	Emergency Action Plan **Training Roster**	Page 1 of 1 Date:

Department(s):	**Trainer:**

____ Types of Emergencies

____ Rally Points

____ Evacuation/Shelter-in-Place

____ Evacuation Monitors

____ Exits

____ Incident Command

____ Use of Fire Extinguishers

____ Workers in the Field

____ Remote Rally points

____ Other: _____

Trainees:

Employee Name: (print)	**Employee ID #**	**Signature**

Route Copy to: 1. Director of Safety 2. HR training file (optional)